

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC -7 AM 10:02

1. Name of Limited Partnership MORZI INVESTMENT, LTD		1a. DOCUMENT # A9800002464	
Mailing Address 888 BRICKELL KEY DRIVE APT 2707 MIAMI, FLA 33131		Principal Office Address 888 BRICKELL KEY DRIVE APT 2707 MIAMI, FLA 33131	
2. Mailing Address SAME		2a. Principal Office Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
3. Date Formed or Registered 10/29/98		5a. Capital Contributions as Shown on record. 1,000,000	
3a. Date of Last Report NA		5b. Amount of Capital Contributions in FLORIDA to date. 1,000,000	
4. State or Country of Formation FLA		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent SCOTT HOLLINGSWORTH 888 BRICKELL KEY DRIVE APT 2707 MIAMI, FLA 33131		10. If changed, new Registered Agent/Office	
		Name	
		Street Address (P.O. Box Number Is Not Acceptable)	
		Suite, Apt. #, etc.	
		City FL Zip Code	

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) MORZI INVESTMENT, INC	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 888 BRICKELL KEY DRIVE APT 2707	11b. City, State & Zip Code MIAMI, FLA 33131	11c. Registration/Document Number P98000092020
			600002709286--9 -12/10/98-01089-001 ***526.25 ***526.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 600, Florida Statutes.

SIGNATURE DATE _____
Typed or Printed Name of General Partner Signing Form **SCOTT HOLLINGSWORTH, PRES** Daytime Telephone Number **305-373-2519**

CR2E003 (8/98)